



Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/717,888

Filing Date 11/21/00

First Named Inventor Hiatt, et al.

Group Art Unit 1648

Examiner Name A.R. Salmi

Attorney Docket Number 030905.0002 CON2

Total Number of Pages in This Submission 2

RECEIVED

JAN 31 2003

TECH CENTER 600/2900

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney or Authorization of Agent and Appendix A (2 pgs.)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brobeck, Phleger & Harrison LLP
Signature	Edward O. Kreusser, Reg. No. 38,523
Date	1/22/03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1/22/03

Typed or printed name	Janice Crisp	Date	1/22/03
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type and sign (*) inside this box →

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	SEE APPENDIX A
Filing Date	SEE APPENDIX A
First Named Inventor	SEE APPENDIX A
Group Art Unit	SEE APPENDIX A
Examiner Name	SEE APPENDIX A
Attorney Docket Number	SEE APPENDIX A

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

Place Customer
Number Bar Code
Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Elliott L. Fineman, Esq.				
Address	PLANET BIOTECHNOLOGY, INC.				
Address	25571 Clawiter Road				
City	Hayward				
Country	U.S.A.	State	CA	ZIP	94545
Telephone	(510) 887-1461	Fax	(510) 887-1623		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest.

SIGNATURE of Applicant or Assignee of Record

Name Elliott L. Fineman

Signature

Date

12/15/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

JAN 31 2003

TECH CENTER 1600/290



PLANET BIOTECHNOLOGY, INC.
Pending US Applications
Appendix A

APPLICATION NUMBER	FILING DATE	FIRST NAMED INVENTOR	GROUP ART UNIT/EXAMINER	ATTORNEY DOCKET NO.
10/047,542	10/26/01	Larrick, <i>et al.</i>	1614/TBA	030905.0004.CIP1
10/258,763	10/25/02	Larrick, <i>et al.</i>	TBA	030905.0004.UTL
09/717,888	11/21/00	Hiatt, <i>et al.</i>	1648/A.R. Salmi	030905.0002.CON2

RECEIVED

JAN 31 2003

TECH CENTER 1600/2900